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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *F97800000319**
 1. Corporation Name
 John A. Russell Corporation

Principal Place of Business 170 South Main St. Rutland, VT 05701	Mailing Address 170 South Main St. Rutland, VT 05701
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1/21/97	4. FEI Number 03-0173793	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

Morrison, David Esq.
 Morrison & Conroy
 975 6th Avenue South
 Naples, FL 34102

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	Russell, John A. Jr.	
STREET ADDRESS	Oakridge Drive	
CITY-ST-ZIP	Rutland, VT 05701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Russell, Martha T.	
STREET ADDRESS	Oakridge Drive	
CITY-ST-ZIP	Rutland, VT 05701	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Franklin, Wallace H.	
STREET ADDRESS	Ormsbee Ave.	
CITY-ST-ZIP	Proctor, VT 05765	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	Gallipo, James J.	
STREET ADDRESS	Town Line Road	
CITY-ST-ZIP	Rutland, VT 05701	
TITLE	V	<input type="checkbox"/> DELETE
NAME	Wirkki, Olavi K.	
STREET ADDRESS	297 Sycamore Lane	
CITY-ST-ZIP	Arlington, VT 05250	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	Brown, C. Bennett Jr.	
STREET ADDRESS	69 Juniper Lane	
CITY-ST-ZIP	Middlebury, VT 05753	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	White, Terry	
1.3 STREET ADDRESS	5 Beebe Hill Road	
1.4 CITY-ST-ZIP	Chittenden, VT 05737	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Russell, John A. III	
2.3 STREET ADDRESS	208 Dam Road	
2.4 CITY-ST-ZIP	Chittenden, VT 05737	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Russell, Mark L.	
3.3 STREET ADDRESS	Oakridge Drive	
3.4 CITY-ST-ZIP	Rutland, VT 05701	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C. Bennett Brown, Jr.* 4/13/99 (802) 775-3325
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 C. Bennett Brown, Jr., CPA Chief Financial Officer

CR2E034 (11/98)